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STATEMENT OF

RECEIVED

FORM 1	ONGANIZATION						2013 AUG -6 PM 3: 43
NAME OF COMMITTEE (in	n full)		k if name anged)		mple:If typing, type the lines.	12FE4M	TEO TIMIL OUNTER
Elise for C	ongre	SS	1111	سلسا			
		P.O. B	ox 338				
ADDRESS (number a	nd street)		<u> </u>			- - - - 	-
(Check if address is changed)		Willsbo	ro			NY	12996
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	•	-		dress) npliancecons	şultingy	a.çom
COMMITTEE'S WEB	PAGE ADI						
(Check if address is changed)		www.e	lisetoro	cong	ress.com	<u> </u>	
2. DATE		0			antina talah salah s Salah salah salah s alah		
3. FEC IDENTIFIC	CATION N	JMBER	. U ., .	·	e Li era tion		
4. IS THIS STATE	MENT ·	NEW (N)	OR		AMENDED (A)		
I certify that I have	examined th	nis Statement a	nd to the best	t of my	knowledge and belief i	t is true, corre	ect and complete.
Type or Print Name	of Treasure	, <u>Jame</u>	s E. Mo	orris			
Signature of Treasur	er	Jan Er	Y_	6		Date 💍	8 05 20 13
NOTE: Submission of	false, errone			_	pject the person signing DULD BE REPORTED V		to the penalties of 2 U.S.C. §437g.
Office Use					For turther information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)